09804

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 5oyrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William Adams

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Annie Adams

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Exact date unknown

8. AGE: Years: About 76 yrs | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Pocomoke City, Md
(Town, county, and state)

10. Usual occupation: Ship Carpenter

11. Industry or business

FATHER
12. Name: William Thomas Adams
13. Birthplace: Unknown

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mrs Alice Dize
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 11 1940 (month) (day) (year)

Cemetery or crematory: Crisfield cemetery

Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Sept. 10, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I arrived, 19

and that I last saw h..... alive on 19

Immediate cause of death: General Arteria Sclerosis

Due to: Coronary Thrombosis

Due to: Natural Causes

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: William H. Coulbourn, M. D.

Date of op.: DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm H Coulbourn M.D. M. D. or other

Address: Crisfield Md Date signed: Sept 10/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

09805

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
McCready Memorial Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Merley Frances Ballard Sutton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 28 1940

8. AGE: Years	Months	Days	If less than one day
0	6	5	hrs. min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Rossie Ballard

13. Birthplace: Deals Island Md

MOTHER 14. Maiden name: Lillie Sutten

15. Birthplace: Crisfield Md

16. Informant: Rossie Ballard

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5 1940 (month) (day) (year)

Cemetery or crematory: Lawsonia Cem

Location: Lawsonia Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Sept 4 19 40 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 3rd 1940 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 27th 1940 to Sept 3rd 1940

and that I last saw h[illegible] alive on Sept 3rd 1940

Immediate cause of death	DURATION
Colitis	
Due to	
Due to	
Other conditions Underdeveloped	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. I. Somers M. D. or other

Address Crisfield Md Date signed 9-4-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09806

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1½ yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Near Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Bell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife none

6(c) If alive, give age 1 yr 1 mo. years.

7. Birth date of deceased (mo., day, yr.) Feb 4 1939

8. AGE:

Years	Months	Days	If less than one day
1	7		hrs. min.

9. Birthplace Snow Hill Worcester Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Samuel Bell
13. Birthplace Accomac Va.

MOTHER
14. Maiden name Fanny Taylor
15. Birthplace Accomac Va.

16. Informant Samuel Bell
Address Princess Anne Md.

17. Burial Date thereof Sept 23 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Family Cemetery
Location Accomac Va.

18. Funeral director Dale Dashiell
Address Princess Anne Md.

19. 9/23 1940 R J Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 7.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from One visit 9/22 1940, and that I last saw him alive on Sept 22 1940

Immediate cause of death Acute Colitis — DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos M Lankford M.D
M. D. or other
Address Princess Anne Md Date signed 9/22/40

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BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

Dr. Peyton

09807

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Lawsonia
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Lawsonia
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Cora W Crockett

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife Asa Crockett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1891

8. AGE: Years 49 | Months 7 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Tangier Accomac Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Raymond T Pruitt
13. Birthplace Tangier Va

MOTHER
14. Maiden name Eliza Parks
15. Birthplace Tangier Va

16. Informant Asa Crockett
Address Lawsonia Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 19 1840 (month) (day) (year)

Cemetery or crematory Lawsonia Cem

Location Lawsonia Md

18. Funeral director John A Bradshaw
Address Crisfield Md

19. Sept. 17, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1940, to Sept. 16 1940 and that I last saw her alive on Sept. 14 1940

Immediate cause of death: malignant growth of abdominal organs

Due to Primary carcinoma of uterus, metastacizing to ovary, intestines, peritoneum and lung. C.W.G.R.

Due to

Other conditions

DURATION: 6 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sarah M. Peyton M.D. M. D. or other

Address Crisfield, Md Date signed Sept. 20, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1949
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

09808

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Sadie Crockett

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

8.(b) Name of husband or wife: Henry Crockett
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 7 1872

8. AGE: Years	Months	Days	If less than one day
68	3	11	hrs. min.

9. Birthplace: Ewell, Somerset, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Evans
13. Birthplace: Smith Island Md

MOTHER
14. Maiden name: Emily Evans
15. Birthplace: Smith Island Md

16. Informant: Mrs Agnes Bell
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 20 1940 (month) (day) (year)
Cemetery or crematory: Mariners
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Sept. 19, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 18 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to Sept 18 1940
and that I last saw h... alive on ... 1940

Immediate cause of death	DURATION
Carcinoma	
Date Due to	
Due to	
Due to	
Other conditions Asthenia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. R. Schwatka M. D. or other
Address: Crisfield Date signed: Sept 18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

09809

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 222 N. Fourth St.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E. Hopkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widow

6 (b) Name of husband or wife Henry Hopkins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15. 1866

8. AGE: Years 73 | Months | Days 4 | If less than one day hrs. min.

9. Birthplace St. Michaels Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Oliver Hopkins

13. Birthplace St. Michaels, Md

MOTHER 14. Maiden name Sophie Dennis

15. Birthplace Fairmont Md.

16. Informant Arthur Hopkins

Address St. Michaels, Md.

17. Burial Date thereof Sept 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels, Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Sept 20, 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1940, at 12 AM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from March 31, 1940, to Sept. 19, 1940, and that I last saw h-er alive on Sept. 19, 1940

Immediate cause of death Coma

DURATION 1 day

Due to Gangrene of legs above Ankles — 3/31/40

Due to Poor Circulation of blood — to 9/20/40

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Barkley M. D.
M. D. or other

Address Crisfield, Md Date signed 9/19/40

RECEIVED
OCT 4 1940
BUREAU V. S.

09810

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City Venton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ca Melia Johnson If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
7	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day, and year) April 10 1879

7. AGE Years	Months	Days	If LESS then 1 day, ... hrs. or ..... min.
61	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Venton (State or country) Somerset Co. Md

FATHER

13. NAME Robert Waters

14. BIRTHPLACE (city or town) Marion Station (State or country) Som Co. Md

MOTHER

15. MAIDEN NAME Ellen Shields

16. BIRTHPLACE (city or town) Venton (State or country) Somerset Co. Md

17. INFORMANT George Waters (Address) Venton Md.

18. BURIAL, CREMATION, OR REMOVAL Place Vincent Sod Date Sept 27, 1940

19. UNDERTAKER Wm James Hoon (Address) Dr Cunny Md.

20. FILED 9/27, 1940 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1940, to Sept 24, 1940

I last saw her alive on Sept 22, 1940; death is said to have occurred on the date stated above, at 2:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstital Nephritis	Aug 10 40

Other Contributory Causes of Importance:

Name of operation ——— Date of

What test confirmed diagnosis? ——— Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldore G. Davidsman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED OCT 7 1940 BUREAU F. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

09811

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Venton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Venton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Geo. Sherman Jones

3. (b) Social Security Number

4. Sex: Male
5. Color or race: col
6. (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug. 30th, 1935
8. AGE: Years 5 | Months | Days 29 | If less than one day ____ hrs. ____ min.
9. Birthplace: Venton, Md. (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business
FATHER
12. Name: Moody Wm Jones
13. Birthplace: Venton
MOTHER
14. Maiden name: Florence Annie C. White
15. Birthplace: Venton
16. Informant: Florence A. C. Jones
Address: Venton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 2-40 (month) (day) (year)
Cemetery or crematory: Venton Cemetery
Location: Venton Md.
18. Funeral director: Wm James Son
Address: Berlin Ocean Md
19. 10/1 1940 (Date rec'd by registrar) J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29th 1940, at 6 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31st 1940, to Sept. 29th 1940 and that I last saw him alive on Sept. 28th 1940.
Immediate cause of death: Sarcoma of left kidney
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations: Inoperable Sarcoma of left kidney
Dt autopsy

DURATION: 1st Symptom July 17th 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Sher. B. Whaley M.D. or other
Address: Princess Anne Date signed: 9/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

09812

CERTIFICATE OF DEATH

Reg. Diat. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Mt Vernon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Mt Vernon Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Tomes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Widowed

6 (b) Name of husband or wife George Wm Tomes
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59	—	—	hrs. min.

9. Birthplace Mt Vernon Som Co. Md
(Town, county, and atate)
10. Usual occupation Domestic
11. Industry or business Private Home

FATHER
12. Name Tomes Nutter
13. Birthplace Mt Vernon, Md.

MOTHER
14. Maiden name Matilda Waters
15. Birthplace Mt Vernon Md

16. Informant Edwin Tomes
Address Princess Anne Rt 2, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 29 1940 (month) (day) (year)
Cemetery or crematory St Pauls Cemetory
Location Mt Vernon, Som. Co. Md

18. Funeral director Edwin Jones
Address Rt #2 Princess Anne Md

19. 9/29 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 19 40, at 11 30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th 19 40, to Sept 26 19 40, and that I last saw h alive on Sept 24 40 19

Immediate cause of death — DURATION

Carcinoma of Left Breast — 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eddie T. Mansman M. D. or other
Address Princess Anne Date signed 9. 27. 40

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09813

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-a)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 261

Village or City Marion Sta No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Warters Langford If U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fmale	Cal	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Upher Langford.

6. DATE OF BIRTH (month, day, and year) Jan 14 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Dennis Kinnley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Clarissa Blake

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Evelyn Sterling (Address) Marion Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pier Cemetery Date Sept 22, 1940

19. UNDERTAKER Geo W Feighman (Address) Marion Md

20. FILED 9/21, 1940 Aurelia F. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 20, 1940

I last saw her alive on Sept 20, 1940; death is said to have occurred on the date stated above, at 7 40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dil of Heart	
Chronic myocarditis	
Uremia	

Other Contributory Causes of importance:

General arteriosclerosis	
Chronic myocarditis	
Chronic Int nephritis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C Coulhurn M. D.

(Address) Marion Sta Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

WITHIN CORPORATE LIMITS OF

2411 N. Charles St., Baltimore (118)

CERTIFICATE OF DEATH

09814

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9-11-12
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Fourth
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Nancy Caroline Miles

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 11 1930

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
9	11	12		

9. Birthplace: Crisfield, Somerset, Md (Town, county, and state)
10. Usual occupation: Student
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Olympia Miles
15. Birthplace: Crisfield Md

16. Informant: Mrs Christy Lennis
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 25 1940 (month) (day) (year)
Cemetery or crematory: Asbury
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield

19. 9/24/1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/23 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/22 1940 to 9/23 1940 and that I last saw h.. alive on 9/23 1940

Immediate cause of death	DURATION
Cardiac Weakness	9/23/40
Due to: Acute indigestion	9/22/40
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. J. Barkley M. D.
M. D. or other
Address: 309 W. Md Ave. Crisfield, Md Date signed: 9/23/40

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OCT 4 1940
BUREAU V. S.

09815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1340)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: S. C. County:

City or town: Charleston
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War

3. (a) FULL NAME: Cuffey Murray

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept 20. 1907

8. AGE: Years: 33 | Months: | Days: 2 | If less than one day ... hrs. ... min.

9. Birthplace: Roundo S. C.
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business:

FATHER
12. Name: Cuffey Murray
13. Birthplace: Adams Run S. C.

MOTHER
14. Maiden name: Mary Mack
15. Birthplace: Adams Run S. C.

16. Informant: W. M. Smith
Address: Charleston S. C.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 30. 1940
(month) (day) (year)

Cemetery or crematory:

Location: Charleston, S. C.

18. Funeral director: Charles H Ward
Address: Marion Md.

19. 9/30 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 25 1940 and that I last saw h. in alive on Sept 20. 1940

Immediate cause of death: acute dis of heart uremia

Due to:

Due to: Chronic Int. nephritis chronic myocardiole

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Coulbourn M.D.
M. D. or other

Address: Marion Sta. Md. Date signed: Sept 26 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 2 1940
BUREAU V. S.

09816

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield,
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? whole lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Main
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ursula Poleyette

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Joseph Poleyette

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 1st 1867

8. AGE: Years 72 | Months 11 | Days 13 | If less than one day ..... hrs. ..... min.

8. Birthplace: Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: Josiah Mason
13. Birthplace: Md

MOTHER
14. Maiden name: Arrah Henderson
15. Birthplace: Md.

18. Informant: Harold Poleyette.

Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 20th 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cemetery.

Location: " Md

18. Funeral director: J. S. Lawson & Son

Address: Crisfield, Md.

19. Sept. 19, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 18th 1940, at 9 20 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 4 1940, to Sept. 18 1940 and that I last saw her alive on Sept. 17 1940

Immediate cause of death	DURATION
Gangrene of rt. foot-leg	1 mo
Due to obliterating arteritis	2 mo
Due to arteriosclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. M. Payton M. D. M. D. or other

Address: Crisfield, Md Date signed: Sept. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

09817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Near Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Louis Jefferson Pollett

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) ~~Name of husband~~ or wife: Miram Pollett

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 25 1867

8. AGE: Years 73 | Months 2 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace: Somerset
(Town, county, and state)

10. Usual occupation: farmer

11. Industry or business

FATHER
12. Name: Whittinghan Pollett
13. Birthplace: Somerset Co

MOTHER
14. Maiden name: Hester Connon
15. Birthplace: Somerset Co

16. Informant: Mrs. Colvin Pollett

Address: Near P. Anne

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: Oct 2 1940 (month) (day) (year)

Cemetery or crematory: Monie

Location: Venton

18. Funeral director: P. M. Smith

Address: P. Anne

19. Oct 2 1940 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30th 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 7th 1940, to Sept. 30th 1940, and that I last saw him alive on Sept. 30th 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 6 1/2 hrs. unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Sher. B. Wallace M. D. or other

Address: Crisfield Date signed: 10/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-01)

CERTIFICATE OF DEATH

09818

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Chance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Chance Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Price

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	B	Single

B (b) Name of husband or wife
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown 1855

8. AGE: Years 85 | Months 8 mos | Days | If less than one day hrs. min.

9. Birthplace Chance Md
(Town, county, and state)

10. Usual occupation House work

11. Industry or business —

FATHER 12. Name Manuel Price
13. Birthplace Chance Md

MOTHER 14. Maiden name Adeline Wright
15. Birthplace Chance Md

16. Informant McLand Bivans
Address Chance Md

17. Burial Date thereof Sept 28-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Chance Md

18. Funeral director Fred P Webster
Address Deals Island Md

19. Sept 28 1940 Rosa Webster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 1940, to Sept 26 1940, and that I last saw h alive on September 26 1940.

Immediate cause of death	DURATION
Hypertensive Cardio-Vascular Blood Disease	
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William J Kunick, M. D.
M. D. or other
Address Deal Island, Md. Date signed Sept 26, 1940

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-74)

CERTIFICATE OF DEATH

09819

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Oriole
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Oriole Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Ellen Pusey

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: white | 6. (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife: Ernest J. Pusey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 21, 1859

8. AGE: Years: 80 | Months: 9 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: East Princess Anne Somerset, Md. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: Samuel Atkinson
13. Birthplace: East Princess Anne Md.

MOTHER
14. Maiden name: Adeline Miller
15. Birthplace: East Princess Anne Md.

16. Informant: Herman Pusey
Address: Oriole Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 1, 1940 (month) (day) (year)

Cemetery or crematory: Presbyterian Cemetery
Location: Princess Anne, Md.

18. Funeral director: Dale Dashiell
Address: Princess Anne, Md

19. 10/1 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Cerebral Hemorrhage — DURATION: Hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE A. Smith, M. D. or other
Address Princess Anne Md Date signed 10/1-40

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09820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Revells Neck
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Wesley Richardson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 40

8. AGE:

Years	Months	Days	If less than one day
—	—	2	hrs. min.

9. Birthplace Revells Neck, Som Co. Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Phileip Richardson
13. Birthplace Northampton Co, Va

MOTHER
14. Maiden name Lena M. King
15. Birthplace Sign Post, Som Co. Md

16. Informant Phileip Richardson
Address Westover, Md.

17. Burial Date thereof 10/1-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Revells Neck Church

Location Revells Neck Somerset Co.

18. Funeral director Wm Jones

Address Westover Md

19. 10/1 1940 T J Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1940, at 4:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1940, to Sept 30 1940, and that I last saw him alive on Sept 30 1940.

Immediate cause of death — DURATION

Haemorrhagic Disease of New Born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Mavesman
M. D. or other

Address Princess Anne Date signed 9.30.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

09821

CERTIFICATE OF DEATH

Reg. Dist. No. 764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis S. Robertson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6(c) If ellve, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1865

8. AGE: Years 75 Months 2 Days 15 If less than one day hrs. min.

9. Birthplace Crisfield Somerset Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel H. Robertson
13. Birthplace Crisfield Md.

MOTHER
14. Maiden name Margaret S. Lilland.
15. Birthplace Crisfield Md.

16. Informant Mrs. Henry Robertson
Address Manokin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 2 1940 (month) (day) (year)
Cemetery or crematory Presbyterian Cem.
Location Princess Anne Md.

18. Funeral director Dale Adshield
Address Princess Anne Md.

19. Oct 2nd 1940 (Date rec'd by registrar) R. O. Bockius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Cerebral Hemorrhage DURATION
Due to Heart
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. J. Smith M. D. or other
Address Princess Anne Md. Date signed 9/30/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09822

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Somerset — Registration Dist. No. 261

Village or City Rehoboth — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Josephine Rosenbrock

If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femlae	White	Widowed

5a. If married, widowad, or divorcad — HUSBAND of (or) WIFE of John Rosenbrock

6. DATE OF BIRTH (month, day, and year) April 14, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
78	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Maryland. (State or country)

FATHER

13. NAME ----- Love

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Josephine Johnson

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs A. H. Adams

(Address) Rehoboth, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rehoboth, Md. Date Sept. 8, 1940

19. UNDERTAKER D. S. Lawson & Son

(Address) Fairfield, Md.

20. FILED 9/8, 1940 — Aurelia B. Lawson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 5, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1940, to Sept. 5, 1940

I last saw her alive on Sept. 5, 1940; death is said to have occurred on the date stated above, at 2.20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis; Chronic. Duration two	
Pyelitis years. Under R.	
Auto-toxemia	
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ____ Date of Injury ____, 19____

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. B. Lawson M. D.

(Address) Pocomoke City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98)

09823

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harriet Selby

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	widowed

6.(b) Name of husband or wife: Romeo Selby
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Exact date + year unknown

8. AGE: Years: About 68 or 70 yrs | Months | Days | If less than one day: hrs. min.

9. Birthplace: Worcester County, Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER — 12. Name: Isaac Mills
13. Birthplace: Unknown

MOTHER — 14. Maiden name: "
15. Birthplace: "

16. Informant: Edmund Mills
Address: Princess Anne, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 26 40 (month) (day) (year)
Cemetery or ~~crematory~~: Asbury
Location: Crisfield Md

18. Funeral director: J. M. & Broadaway
Address: Crisfield Md

19. Sept 26 1940 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 23 1940 at 9.00 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 14 1940, to Sept 23 1940
and that I last saw h.. alive on Aug 14 1940

Immediate cause of death	DURATION
Senile Gangrene	
Due to: of Rt & Left foot	2 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Eddie G. Marksman
M. D. or other
Address: Date signed:

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(162a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Maryland Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Carrie Sheriff

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: G. E. Sheriff

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Sept. 18th 1885.

8. AGE: Years: 55 Months: — Days: 4 If less than one day: hrs. min.

9. Birthplace: Crisfield, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

FATHER
12. Name: Thomas H. Millbourne
13. Birthplace: Md.

MOTHER
14. Maiden name: Arintha Sterling
15. Birthplace: Md.

16. Informant: G. E. Sheriff
Address: Crisfield, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Sept. 24, 40 (month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: no. Crisfield

18. Funeral director: J. S. Lawson & Son
Address: Crisfield, Md.

19. Sept 23 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 22 1940 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1935 to Sept 22 1940 and that I last saw her alive on Sept 22 1940

Immediate cause of death: Paresis
Early senile paresis.
Duration: four years. C.W.G.R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 5 yrs

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R R Norris M. D. or other

Address: Crisfield Md Date signed: Sept 23 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

09825

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or towu limits, write RURAL and give nearest towu)

How long in above place of death? 81yrs

Hospital, institution, or street address where death occurred:

McCready Memorial Hospital

How long in hospital or institution? 6dys

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Hiram L Sterling

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Emma Sterling

6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): November 19 1858

8. AGE: Years	Months	Days	If less than one day
81	9	26	hrs. min.

9. Birthplace: Crisfield Somerset Maryland (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER — 12. Name: David Sterling

13. Birthplace: Crisfield Md

MOTHER — 14. Maiden name: Mary Ann Horsey

15. Birthplace: Crisfield Md

18. Informant: Lawson Sterling

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 18 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 9/17/ 1940 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1940 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1940, to Sept 15 1940 and that I last saw him alive on Sept 15 1940

Immediate cause of death	DURATION
Chronic nephritis and Nephrosclerosis	2 mo.
Due to Prostatic Hypertrophy	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Hypertrophy of Prostate & resection of same Date of op. Sept 14 1940

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Sarah M Sayton M.D. M. D. or other

Address: Crisfield Md Date signed: Sept 20 1940

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WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14-C)

CERTIFICATE OF DEATH

09826

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Two or three years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Cove St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME J. Fletcher Sterling,

3.(b) Social Security Number 714-03-4192

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian M. Sterling
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 22nd 1895

8. AGE: Years: 44 | Months: 11 | Days: 11 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Somerset Co., Md. (Town, county, and state)
10. Usual occupation: Express Truck Driver
11. Industry or business: working for American Express
FATHER 12. Name: Ellsworth Sterling
13. Birthplace: Md.
MOTHER 14. Maiden name: Hattie Price
15. Birthplace: Md.
16. Informant: Lillian M. Sterling
Address: Crisfield, Md.
17. Burial (Burial, cremation, or removal-Which?) Date thereof: Wed. Sept. 4/40 (month) (day) (year)
Cemetery or crematory:
Location:
18. Funeral director: J. D. Lawson & Son
Address: Crisfield, Md.
19. 9/3/ 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 2nd 1940 at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Rifle Shot Bullet Wound through Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Major findings of operations: ..... Date of op.....
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: Sept 2-1940
Where did injury occur? Business Sect. Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): .....
Means of injury: Shot with Rifle By injured at work?

23. SIGNATURE: Wm H Coulbourn M D
M. D. or other
Address: Crisfield Md Date signed: Sept 3 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09827

STATE OF MARYLAND—CERTIFICATE OF DEATH

(142b)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City near Crisfield No. McCready Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 6 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Vergie Teagle If U. S. Veteran, specify WAR ____

(a) Residence: No. Rehoboth, Md. St., ____ Ward: ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Teagle

6. DATE OF BIRTH (month, day, and year) Feb 15 1909

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
31	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Rehoboth (State or country) Md

FATHER

13. NAME Henry Whittington

14. BIRTHPLACE (city or town) Rehoboth (State or country) Md

MOTHER

15. MAIDEN NAME Mollie handy

16. BIRTHPLACE (city or town) Kingston (State or country) Md

17. INFORMANT Robert Teagle (Address) Rehoboth Md

18. BURIAL, CREMATION, OR REMOVAL Place Marumsco Cem Date Sept 5, 1940

19. UNDERTAKER John A Bradshaw (Address) Crisfield Md

20. FILED 9/5, 1940 Aurelia B. Lawson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940, to Sept 3, 1940

I last saw her alive on Sept 3, 1940; death is said to have occurred on the date stated above, at 4:30 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Shock Intrad Hemorrhage	
Acute Dis of Heart	

Other Contributory Causes of importance:

Ectopic Pregnancy

Intrad Hemorrhage

Name of operation Lyrotomy Date of Sept 2-40

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) Monroe Sta. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

C. E. Collins, Registrar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN